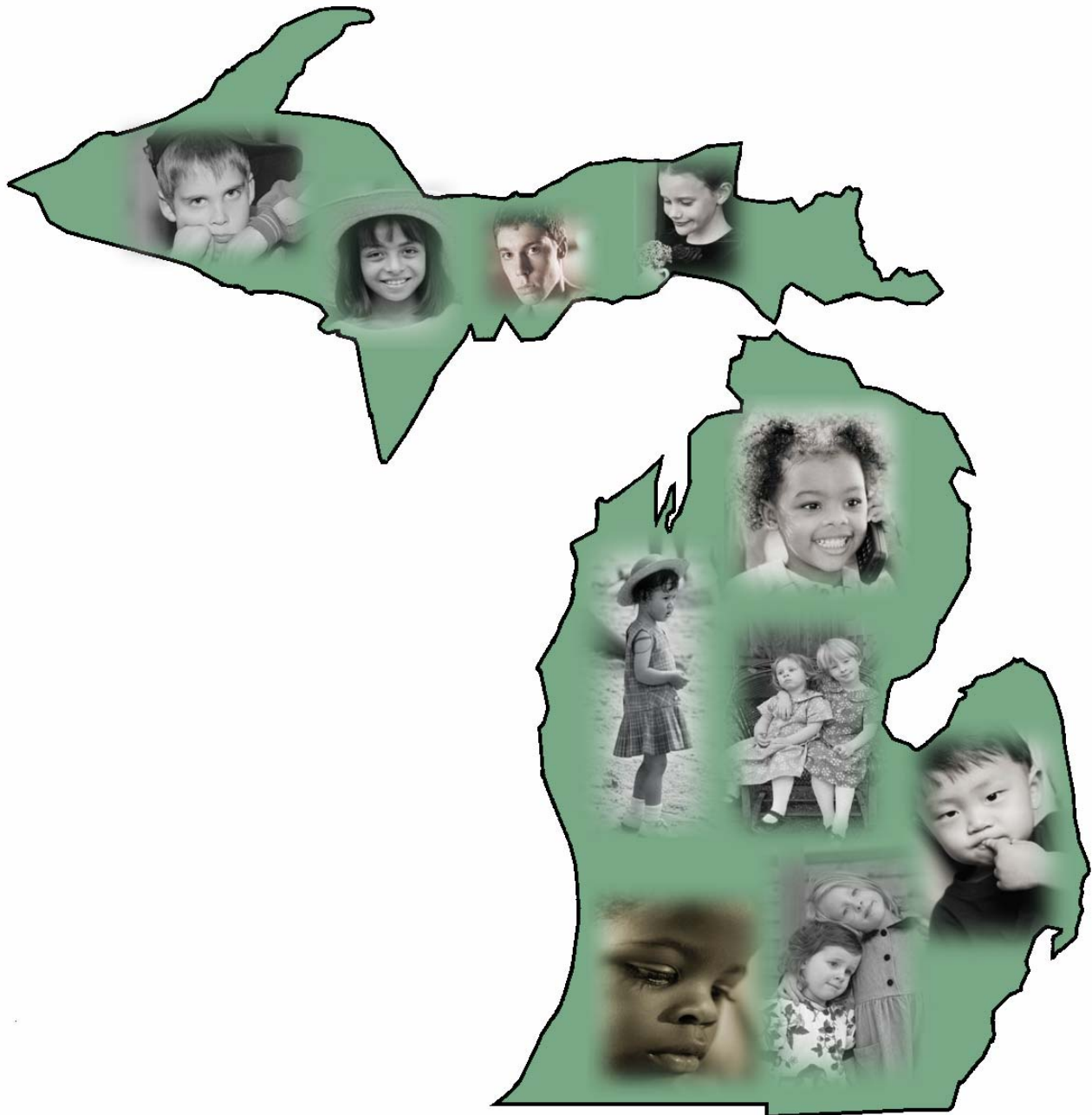


*Michigan Supreme Court
State Court Administrative Office*

Michigan Foster Care Review Board 2005 ANNUAL REPORT






Michigan Supreme Court

State Court Administrative Office
Michigan Hall of Justice
P.O. Box 30052
Lansing, Michigan 48909
Phone (517) 373-0128

Carl L. Gromek, Chief of Staff
State Court Administrator

DATE: April 20, 2006

TO: Governor Jennifer M. Granholm
Members of the Michigan Legislature

FROM: Carl L. Gromek 

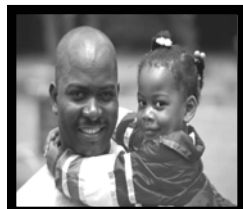
SUBJECT: 2005 Foster Care Review Board Annual Report

Recognizing the importance of safe and timely permanency for placement of children in our state foster care system, the Michigan Legislature adopted a plan that involves citizen participation in the process. The Foster Care Review Board was established in 1984 and operates within the Child Welfare Services Division of the State Court Administrative Office of the Michigan Supreme Court. Almost 200 dedicated and well-trained citizen volunteers donate over 21,000 hours annually to help assure the safety and well-being of the children in the state foster care system.

This annual report, written pursuant to 1997 PA 170, § 9, provides an overview of the activities and functions of the review board during the past year. Included you will find data, trends, and observations gleaned from over 1,100 reviews of children in foster care in 2005, which help to identify statewide problems and needs of the foster care system. If the system is to properly protect abused and neglected children under the court's jurisdiction, these problems must be addressed.

Please feel free to contact our Foster Care Review Board or Child Welfare Division staff at (313) 972-3280 with any questions you may have regarding this report.

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FCRB MISSION STATEMENT

The Mission of the Foster Care Review Board is to utilize citizen volunteers to review and evaluate permanency planning processes and outcomes for children and families in the Michigan foster care system. Based on the data collected through case review, the Foster Care Review Board advocates for systemic improvements in areas of child safety, timely permanency, and family and child well-being.

FCRB VISION STATEMENT

The Foster Care Review Board will be viewed and valued by the courts, the Department of Human Services (DHS), private child-placing agencies, the Legislature, and the citizens of Michigan as a major source of credible data on the performance of the child welfare system in Michigan. Additionally, the citizens will use the data to shape public policy and promote awareness regarding the child foster care system.

INTRODUCTION

We are pleased to present the 2005 Annual Report of Michigan's Foster Care Review Board Program.

The Foster Care Review Board Program (FCRBP) provides third-party review of cases in the state child foster care system. Established by the Legislature in 1984 Public Act 422, and subsequently amended by 1986 Public Act 159, 1989 Public Act 74, and 1997 Public Act 170, the FCRBP helps assure that children are safe and well cared for while in the state foster care system, and that their cases are being moved toward permanency in a timely and efficient manner. This is accomplished by random review of individual cases within each county, with recommendations being made to the Family Division of the Circuit Court, and to the local Department of Human Services (DHS) and contracted agencies.

Citizen review is a cost-efficient, effective means of providing the courts, DHS and other interested parties an objective perspective on the case-management process, as well as in the identification of systemic barriers to permanency and child well-being. Presently the FCRBP is comprised of 185 citizen volunteers who are recruited, screened and trained on key aspects of the child welfare/foster care system, including court policy and rule, federal funding requirements, DHS policy and state statutes regarding child protection.

This Annual Report is our opportunity to detail the efforts of the FCRBP, and to share with Michigan's policymakers some of the systemic issues that citizen volunteers have identified as they review foster care cases from throughout the state. Systemic issues that delay permanency or compromise child and family well-being are highlighted in this report, with related recommendations.

Parties involved with the foster care system in Michigan work hard to protect and care for children unfortunate enough to come into this system. The FCRBP regularly finds that in the majority of cases reviewed, diligent efforts are being made, with limited resources, to assure safe and timely permanency for children in foster care. However, a "majority of cases" is not good enough when we are dealing with the lives of Michigan's most vulnerable children and their families. High caseloads in both the court and foster care agencies, and high caseworker turnover related to the stresses inherent in this type of work continue to plague efforts to ensure the safety, well-being, and timely permanency for *all* children in the foster care system. These barriers were highlighted in our 2003-2004 Annual Report.

These same factors are likely to impact Michigan's compliance with federal foster care requirements. The Foster Care Review Board has taken an active role in providing the courts and DHS with relevant information regarding their compliance with Title IV-E and the Adoptions and Safe Families Act of 1997.

We are hopeful that the FCRBP's findings and recommendations in this year's report will be considered and acted upon by the leaders and officials who are ultimately responsible for the safety and welfare of the children who are serviced by our state foster care system.

The Foster Care Review Board is comprised of citizen volunteers from all Michigan counties and all walks of life, who meet once a month to review cases of abused and/or neglected children in foster care.

The FCRB Advisory Committee is a collaborative body of representatives from each local board, as well as individuals from the child welfare community. The information, conclusions, and data presented in the Annual Report, along with any related recommendations, are the product of this collaborative effort and do not necessarily represent the opinions of the Michigan Supreme Court or the State Court Administrative Office, under whose auspices this Program is conducted.

BOARD #	TOTAL REVIEWS	CASES REVIEWED	CHILDREN REVIEWED
1	30	23	77
2	37	28	101
3	40	30	94
4	32	23	70
5	40	32	100
6	27	21	72
7	31	23	93
8	34	28	89
9	37	27	105
10	38	25	86
11	42	28	100
12	46	33	109
13	42	31	124
14	41	36	114
15	45	37	97
16	42	35	97
17	34	32	81
18	36	33	79
19	29	25	69
20	39	35	85
21	48	37	124
22	34	33	104
23	37	28	100
24	41	34	86
25	39	31	100
26	31	30	67
27	32	31	75
28	35	30	78
29	32	29	57
30	33	28	71
TOTALS	1104	896	2704

ISSUES AND RECOMMENDATIONS

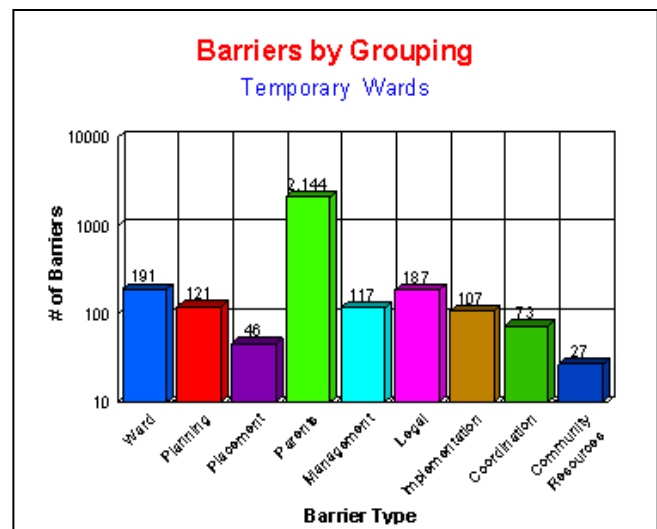
The primary focus of individual case review is to identify specific issues that may compromise child safety and well-being, or delay permanency for these children, and then to recommend immediate remedies to those issues.

Data is collected to identify common barriers to permanency and systemic issues related to these barriers. Recommendations and strategies to address these issues are presented in this report.

TOP FOUR BARRIERS TO PERMANENCY

Temporary Court Wards

1. Parental lack of insight into problems which bring their children into care.
2. Parental substance abuse.
3. Parental non-compliance with requirements of their Parent Agency Treatment Plan-Service Agreement.
4. Inadequate and/or unsuitable housing.



Related Systemic Issues

Barriers (1) and (3) appear closely-related to delays in permanency. Barrier (1) indicates that children are not being reunited with their parents in a timely manner due to parental failure to recognize or comprehend the seriousness of their own issues and related behaviors which required their children to be removed from their care. Barrier (3) notes the failure of parents to comply with requirements set forth in the Parent Agency Treatment Plan-Service Agreement, which is established to outline goals and objectives the parents must achieve to have their children returned to their care. These barriers speak both to the parent's limited capacity for insight, and to the level of motivation applied to addressing the problems identified by the system with regard to the children's safety and well-being once returned to parental care.

On a systemic level, it speaks to how well the foster care worker and court are able to identify these limitations early in the case, and thus make necessary service referrals to overcome these parental barriers.

The present DHS system of assessing parental needs and strengths remains highly subjective early in the case-management process, with the initial parental assessment being a non-clinical process, completed by caseworkers with minimal training or background in clinical assessment. All too often, clinical assessment of parents (the determination of their psychological and cognitive functioning, and diagnoses of any presenting mental illness) does not take place early enough, resulting in significant revisions to the Parent Agency Treatment Plan-Service Agreement months after the children are brought into care.

Both DHS policy and the state CFSR Program Improvement Plan (PIP) require active parental participation in the development of the Agreement and parental signature. This past year, the Foster Care Review Board found that in the majority of cases reviewed, the Parent Agency Treatment Plan-Service Agreement provided by the DHS was not signed, indicating that the parent was not involved in the development of the agreement and may not have understood the requirements listed. Of the parents responding to the Board's inquiry into this matter, the vast majority felt they had little input, and that the Agreement was basically developed by the caseworker and sent to the parent for signature.

The most significant problem related to this barrier is that outcomes required or expected by the court and agency, specifically the behavioral or attitudinal changes of the parents, are not always clearly articulated in the agreement in ways that parents understand. For example, boards often review cases where the plan states that the goal or objective is for the parents to complete a parenting skills class or counseling to address domestic violence. Problems result when parents do complete the required course of action, yet still find that reunification is not being recommended because the foster care worker has determined that they have not displayed the kinds of changes that would support that recommendation. Parents subsequently become angry, frustrated, and lose trust in the process.

The Board was made aware of the "Family to Family" initiative in 2003, which was to focus on involving parents in case-planning and goal-setting from the onset of each case. The success of this program in the communities in which it has been established is difficult to measure at this time.

Barrier (2), "Parental Substance Abuse," has been the most consistent and significant of barriers to permanency noted by the Review Board over the past ten years. Reportedly, parental substance abuse affects over 70 percent of children who come into foster care. The intractable nature of chronic and severe substance abuse disorders, and the lack of substance abuse programs that provide treatment that is research-based and outcome-oriented, exacerbates this barrier. It also should be noted that successful treatment of substance abuse does not always happen within the time frame that the child welfare system has established for child abuse or neglect cases. Timely and high-quality services to address substance abuse and concurrent mental health issues are not consistently available throughout the state.

Barrier (3), "Inadequate/Unsuitable Housing," was mostly significant in Wayne County and some of the larger counties, up until the past few years. Since then, it has become more prevalent in the smaller counties. The availability of low-income housing remains a significant issue. Parents eligible for

Section 8 and other subsidized housing frequently remain on long waiting lists. In Wayne County, which typically has large sibling groups, finding housing with suitable space also can delay permanency.

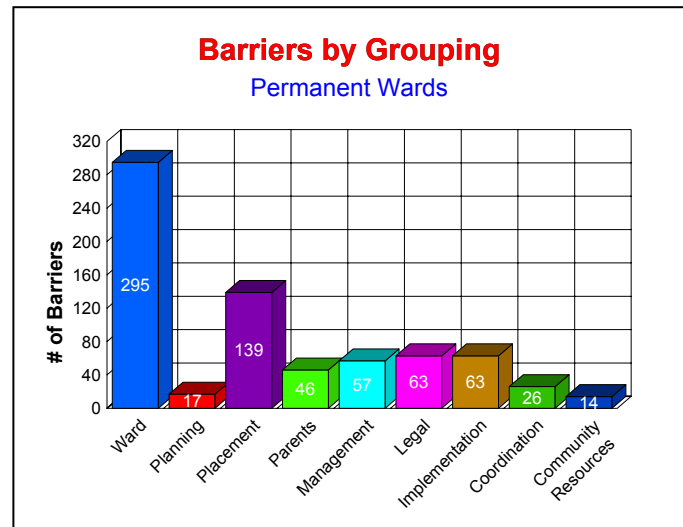
Related Recommendations

- 1) We recommend that the Department of Human Services determine if the “Family to Family” initiative is resulting in improved understanding and compliance by parents with their Parent-Agency Treatment Plan and Service Agreement.**
- 2) We recommend that the Department of Human Services establish uniform internal and external quality control standards to assure that foster care case managers are meeting both DHS policy and federal requirements regarding establishment and ongoing review of the Parent-Agency Treatment Plan and Service Agreements.**
- 3) We recommend the Department of Human Services increase efforts to engage mental health professionals in the initial assessment of parents and development of service plans to ensure that parental emotional, psychiatric, and cognitive challenges are identified early in the case process. We recommend the Department of Human Services provide training and professional development opportunities for both public and private child welfare staff to assist them with recognizing the primary indicators of mental illness and emotional disorders, and the utility and side effects of often-prescribed medications. We further recommend that the Legislature assure provision of adequate funding for this type of training.**
- 4) We recommend that the State Court Administrative Office assume a leadership role and work in collaboration with the Department of Human Services and Department of Community Health to expand Family Drug Treatment Courts, which in other states have proven to be an effective means of achieving more timely permanency and a reduction in the number of cases where parental rights are terminated due to chronic substance abuse problems.**
- 5) We recommend that the Michigan Legislature determine if there is any means of establishing a waiver with the federal government that would allow parents of children in foster care to move to a priority status with regard to federally-subsidized housing.**

TOP FOUR BARRIERS TO PERMANENCY

Permanent Court Wards

1. Ward behavior.
2. Lack of appropriate adoptive homes.
3. Lack of and/or delays in services necessary to establish permanency.
4. Court delays in rendering decisions on the termination of parental rights.



Related Systemic Issues

Barriers (1) and (2) are closely related, as the lack of appropriate adoptive homes is primarily an issue for older children with severe mental health and emotional disorders. These disorders are frequently manifested in chronic behavioral problems that are disruptive to a family-type setting. The foster care system, in all too many cases, fails to provide a coherent and consistent approach to assessment and treatment of children who not only have suffered the trauma of neglect and/or abuse, but also the trauma of separation from their family and friends and of being uprooted from their homes and schools, resulting in placement with “strangers.” Present research indicates that early childhood trauma impacts a child’s ability to form and maintain healthy emotional bonds and relationships inherent in a family-type living arrangement. Related behavioral problems tend to be exacerbated by the length of time these children are in the foster care system.

The FCRB has observed in many cases a general lack of early assessment and treatment of children once they enter into foster care. The board has also noted delays in court-ordered referrals for treatment, long waiting lists for mental health services, and frequent breaks and disruptions in treatment and/or therapy once it begins. Disruptions in treatment are typically due to therapist turnover, foster placement changes, and funding problems. Both clinical research and common sense would predict a higher level of treatment success for children who have had a consistent and coherent treatment regimen than for children who have not.

Children available for adoption who are listed with the Michigan Adoption Resource Exchange (MARE) have several things in common. The FCRB has compiled the following profile from numerous case reviews:

- 10-17 years of age;
- Multiple foster care placements;
- Chaotic/abusive history prior to coming into care;
- Three or more years in the foster care system;

- Oppositional and defiant behavior toward adults;
- Physical and verbal aggression;
- Poor peer relationships;
- Behavioral and academic problems in school.

These children typically will not be adopted because of difficulties adjusting to family settings. After multiple failed foster placements, they are ultimately placed in group homes or residential treatment programs, which are better able to manage behavior that would significantly disrupt family life or potentially place family members at risk. A significant number of these children subsequently “age out” of the foster care system without adequate preparation, either emotionally or practically, to live responsible, independent lifestyles. Such a condition increases the risk that these children, as adults, will continue to require extensive social services due to poverty and homelessness, chronic mental illness, and involvement in the criminal justice system. There are presently several promising efforts underway to increase support for these young people as they make the transition to adulthood from the foster care system. However, these efforts may be a case of “too little, too late” due to the inability of the foster care system, as it is presently funded and configured, to provide these children with stable and appropriate placements and/or necessary treatment and support services.

Ensuring timely and appropriate mental health services for these children is, by statute, the responsibility of both the assigned foster care worker and the child’s court-appointed Lawyer-Guardian ad Litem. The majority of foster care workers who come before the Review Board have minimal training or experience in assessing whether the mental health services or medications prescribed are having the desired impact on the child. Even when it is obvious the child is not benefiting from either, there is reluctance on the part of most caseworkers to advocate for a change in treatment provider or reevaluation of the medication, as they do not believe that they have the expertise to do so.

The American Bar Association periodical, *Child Law and Practice*, May 2004, Vol. 23, states: “Effective lawyering and advocacy for abused and neglected children requires ensuring access to all services necessary for their healthy development....”

The court-appointed attorney for a child, referenced in Michigan statute as the “Lawyer-Guardian ad Litem,” is charged by that statute to ensure that their child clients are receiving appropriate and necessary services while under the court’s jurisdiction. MCL 712A.17 prescribes the minimal duties of a Lawyer-Guardian ad Litem (L-GAL) to their child clients.

MCL 712A.17 (d) requires that before each proceeding or hearing, the L-GAL is “to meet with or observe the child, assess the child’s need and wishes with regard to the representation and the issues in the case, review the agency’s case file and, consistent with the rule of professional responsibility, consult with the child’s parents, foster care providers, guardians and case workers.”

MCL 712A.17 (i) requires the L-GAL “to monitor the implementation of case plans and court orders, and determine whether services the court ordered for the child or the child’s family are being provided in a timely manner and are accomplishing their purpose. The Lawyer-Guardian ad Litem shall inform the court if services are not being provided in a timely manner, if the family fails to take advantage of the services, or if the services are not accomplishing the intended purpose.” Information provided to

the review board by the caseworkers, foster care providers, and in some cases, the children themselves, would indicate that the L-GALs in many cases are not fulfilling their statutory responsibility. Reasons given to the Board by the L-Gals include inadequate financial compensation and large client caseloads.

Related Recommendations

- 1) We recommend that the State Court Administrative Office develop best-practice strategies to help ensure children are receiving required representation by their court appointed L-GAL. We further recommend that the State Court Administrative Office establish a court rule requiring the jurist in a child protection case to inquire, on the record at every statutory hearing, if the child's court appointed L-GAL has visited with his child client and has conducted an independent investigation of his child client's needs pursuant to MCL 712A.17. We further recommend that this court rule also require a written report from the L-GAL at every permanency planning hearing which summarizes their investigation, includes recommendations regarding permanency, and assures the court that the child is receiving necessary services.**
- 2) We recommend that the Michigan Legislature work with the counties to ensure that the court appointed Lawyer-Guardian ad Litem are adequately compensated for their required duties.**
- 3) We recommend that the Michigan Legislature require the Department of Human Services and the Department of Community Health to work collaboratively to assure a structure is in place for early identification of mental health needs and to provide access to adequate treatment for all children brought into the foster care system. This should include a means of assuring compliance by the Department of Human Services and the Department of Community Health with the federal Child Abuse Prevention and Treatment Act (CAPTA) and the Keeping Children and Families Safe Act of 2003, (P.L. 108-36).**
- 4) We recommend that the Michigan Legislature assure adequate funding and accessibility to comprehensive and appropriate mental health assessment services for all children who come into the state foster care system**
- 5) We recommend that the Michigan Legislature provide funding to match federal dollars that would provide necessary resources for the Department of Human Services to offer subsidized guardianship as a permanency plan for youth over 12 years old who will not likely be adopted.**
- 6) We recommend that the Department of Human Services require that their foster care caseworkers, and those employed by purchase-of-service agencies, have an adequate understanding of children's mental health needs, ensuring referral to appropriate treatment providers and knowledgeable monitoring of the progress of children who are receiving mental health treatment.**

FOSTER PARENT APPEALS

(Toll-free number for foster parent appeals 1-888-866-6566)

1997 PA 163 was established to help promote placement stability of children in foster care, and provide foster parents formal recourse when they do not believe that a proposed removal of the foster child from their home is in the child's best interest. The resulting statute, MCL 712A.13, allows foster parents and relatives who have children placed with them to appeal to the local Foster Care Review Board, which then hears the appeal and makes recommendations to the placing agency, the court and the Michigan Children's Institute (MCI) Superintendent. These recommendations are directed at the appropriateness of the move as it relates to the child's safety and well being. When the local review board investigates and agrees that a placement move is not in the child's best interests, the review board's findings and recommendations are forwarded to the court or to the MCI Superintendent, depending on the child's legal status, for final disposition regarding placement.

There were a total of 125 appeal inquiries to the Foster Care Review Board Program from foster parents during fiscal year 2005, of which 80 resulted in review board investigations, a 12 percent decrease from the previous year. The remaining calls did not result in actual investigations because the case was not eligible for an appeal, the foster parent withdrew the appeal, or the agency and foster parent reached an agreement regarding the child's placement. Of the 80 actual appeal investigations, review boards supported the foster parents 38 times (48%) and the placement agencies 42 times (52%).

2005 Foster Parent Appeal Outcomes	Supported Foster Parents¹	Supported Agency
Department of Human Services	19	25
Purchase of Service Agencies	19	17
Total	38	42

Of the 18 court ward reviews where boards supported foster parents, the courts upheld the board's decision seven times and supported the agency eight times, with remaining outcomes not reported back to the board. In the 15 subsequent reviews by the MCI Superintendent, he upheld the board's decision ten times and supported the agency four times, with one unreported outcome. Five cases were not subsequently ruled on by either the court or MCI Superintendent because the foster parents and the agency were able to reach an agreement after the appeal.

Final Outcomes

Court Decisions			MCI Decisions		
Foster Parent	Agency	Not Reported	Foster Parent	Agency	Not Reported
7	8	3	10	4	1

Analysis and Recommendations

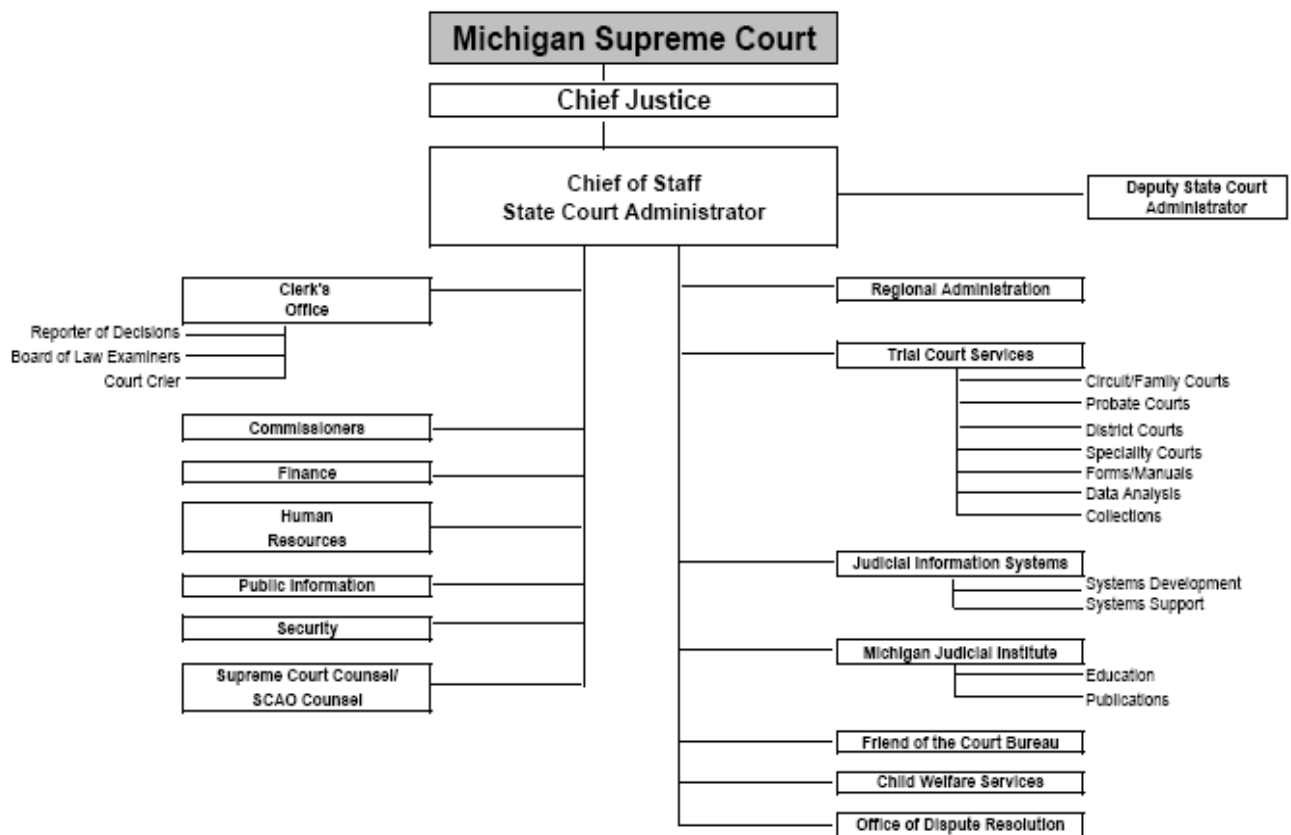
Foster parent appeals decreased this year for the second year in a row. Although we cannot be certain as to the reason, it appears that the increased utilization of the Team Decision Meeting (TDM) process by agencies, both in planning placement for children and in determining placement changes, is having a positive impact on stabilizing placements for children in the foster care system. Children in foster care today continue to manifest more uniquely difficult and disruptive behaviors within the foster home. The Foster Care Review Board Program encourages foster care agencies to be proactive in assuring that foster parents have child-specific training and support from the time a child is placed in their home to ensure the long-term stability and success of the placement.

Quantitative data related to the findings and recommendations in this report, as well as summary data of the activities of all local boards, can be reviewed at the Foster Care Review Board website: <http://courts.michigan.gov/scao//services/fcrb/fcrb.htm>

BI-ANNUAL PROGRAM IMPROVEMENT GOALS

In our continuing efforts to assure statutory compliance and meet legislative intent, to maximize utilization of our available resources, and to support and benefit system stakeholders, the Foster Care Review Board (FCRB) established the following bi-annual goals for 2006-2007.

- 1. Integrate into our review process findings which would benefit the court and DHS in monitoring their compliance with federal funding requirements related to the 1997 Adoption and Safe Families Act, and Title IV-E of the Social Security Act.**
- 2. Establish an annual forum for presentation of our Annual Report to the Michigan Legislature. The forum would involve advocates and professionals from the foster care system who can present and support system/resource findings and recommendations in our report.**
- 3. Establish a system for tracking and documenting instances where the board's review of an individual case contributed directly to the resolution of child-safety and well-being issues and/or the removal of barriers to permanency**
- 4. Establish an award or means of recognition of outstanding work being done by professionals in the foster care system.**
- 5. Reestablish a quarterly newsletter that brings focus to critical systemic issues, and which provides professionals and advocates in the foster care system a forum for communication of information that will help improve professional practice.**
- 6. Increase advocacy by citizen volunteers with state legislators by establishing an on-line forum to inform board members of pending legislation related to foster care.**
- 7. Establish an ongoing relationship with one or more of our state universities to help facilitate the education of students pursuing degrees related to child welfare, including provision of field placements.**
- 8. Increase the ability and effectiveness of the Statewide Advisory Committee to monitor, identify, and address critical systemic issues which delay permanency for children and compromise child safety and well-being.**
- 9. Reestablish an introductory training on the Foster Care Review Board Program by the Department of Human Services Child Welfare Institute as a means of assuring new caseworkers are knowledgeable of the program and are able to use foster care review to support them in their management of foster care cases.**
- 10. Continue to work with the Department of Human Services to establish a system for transfer of case information that assures the FCRB receives necessary case material to conduct reviews in a manner that fulfills our statutory mandate, and which results in useful/beneficial recommendations to the local court and foster care agency, as well as providing accurate data to support our Annual Report recommendations.**



MICHIGAN'S FOSTER CARE REVIEW BOARDS

